

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation )  
Against: )**

**JONATHAN S. DAVIDSON M.D. )**

**File No. 800-2016-028024**

**Physician's and Surgeon's )  
Certificate No. G66389 )**

**Respondent )**


**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on April 26, 2019.**

**IT IS SO ORDERED March 28, 2019.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
Ronald H. Lewis, M.D., Chair  
Panel A

1 XAVIER BECERRA  
Attorney General of California  
2 STEVEN MUNI  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
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7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12  
13 In the Matter of the Accusation Against:

14 **JONATHAN S. DAVIDSON, M.D.**  
15 **1658 Citadella Dr.**  
**Roseville, CA 95747**

16 **Physician's and Surgeon's Certificate No. G**  
17 **66389**

18 Respondent.

Case No. 800-2016-028024

OAH No. 2018060874

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

19  
20  
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
25 of California (Board). She brought this action solely in her official capacity and is represented in  
26 this matter by Xavier Becerra, Attorney General of the State of California, by Jannsen Tan,  
27 Deputy Attorney General.  
28

2. Respondent Jonathan S. Davidson, M.D. (Respondent) is represented in this proceeding by attorney Paul Chan, whose address is: 1851 Heritage Lane, Suite 128 Sacramento, CA 95815-4996

3. On or about July 24, 1989, the Board issued Physician's and Surgeon's Certificate No. G 66389 to Jonathan S. Davidson, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-028024, and will expire on July 31, 2019, unless renewed.

## JURISDICTION

4. Accusation No. 800-2016-028024 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 3, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-028024 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-028024. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2016-028024, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual  
7 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest  
8 those charges.

9 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
10 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the  
11 Disciplinary Order below.

12 **RESERVATION**

13 12. The admissions made by Respondent herein are only for the purposes of this  
14 proceeding, or any other proceedings in which the Medical Board of California or other  
15 professional licensing agency is involved, and shall not be admissible in any other criminal or  
16 civil proceeding.

17 **CONTINGENCY**

18 13. The parties agree that this Stipulated Settlement and Disciplinary Order for Public  
19 Reprimand shall be submitted to the Board for its consideration in the above-entitled matter and,  
20 further, that the Board shall have a reasonable period of time in which to consider and act on this  
21 Stipulation after receiving it. Respondent acknowledges that he shall not be permitted to  
22 withdraw from this Stipulation unless it is rejected by the Board.

23 14. The parties agree that this Stipulated Settlement and Disciplinary Order for Public  
24 Reprimand shall be null and void and not binding upon the parties unless approved and adopted  
25 by the Board, except for this paragraph, which shall remain in full force and effect. Respondent  
26 fully understands and agrees that in deciding whether or not to approve and adopt this Stipulation,  
27 the Board may receive oral and written communications from its staff and/or the Attorney  
28 General's office. Communications pursuant to this paragraph shall not disqualify the Board, any

1 member thereof, and/or any other person from future participation in this or any other matter  
2 affecting or involving Respondent. In the event that the Board, in its discretion, does not approve  
3 and adopt this Stipulation, with the exception of this paragraph, it shall not become effective,  
4 shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any  
5 disciplinary action by either party hereto. Respondent further agrees that should the Board reject  
6 this Stipulation for any reason, Respondent will assert no claim that the Board, or any member  
7 thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulation  
8 or of any matter or matters related hereto. Respondent acknowledges that the Board shall not be  
9 disqualified from further action in this matter by virtue of its consideration of this matter.

#### 10 **ADDITIONAL PROVISIONS**

11 15. This Stipulated Settlement and Disciplinary Order for Public Reprimand is intended  
12 by the parties herein to be an integrated writing representing the complete, final and exclusive  
13 embodiment of the agreements of the parties in the above-entitled matter.

14 16. The parties agree that facsimile copies of this Stipulated Settlement and Disciplinary  
15 Order for Public Reprimand, including facsimile signatures of the parties, may be used in lieu of  
16 original documents and signatures and, further, that facsimile copies and signatures shall have the  
17 same force and effect as originals.

18 17. In consideration of the foregoing admissions and stipulations, the parties agree the  
19 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
20 the following Disciplinary Order:

#### 21 **DISCIPLINARY ORDER**

##### 22 **A. PUBLIC REPRIMAND**

23 IT IS HEREBY ORDERED that Respondent Jonathan Davidson, M.D., as holder of  
24 Physician's and Surgeon's Certificate No. G 66389 shall be and hereby is publicly reprimanded  
25 pursuant to Business and Professions Code section 2227, subdivision (a)(4) as follows:

26 "You failed to use an accredited surgery center in your endoscopic practice"

##### 27 **B. CLINICAL COMPETENCE ASSESSMENT PROGRAM**

28 Within 60 days of the effective date of this Decision, Respondent shall enroll in a clinical

1 competence assessment program approved in advance by the Board or its designee. Respondent  
2 shall successfully complete the program not later than six (6) months after Respondent's initial  
3 enrollment unless the Board or its designee agrees in writing to an extension of that time.

4 The program shall consist of a comprehensive assessment of Respondent's physical and  
5 mental health and the six general domains of clinical competence as defined by the Accreditation  
6 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
7 Respondent's current or intended area of practice. The program shall take into account data  
8 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
9 Accusation(s), and any other information that the Board or its designee deems relevant. The  
10 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
11 than five (5) days as determined by the program for the assessment and clinical education  
12 evaluation. Respondent shall pay all expenses associated with the clinical competence  
13 assessment program.

14 At the end of the evaluation, the program will submit a report to the Board or its designee  
15 which unequivocally states whether the Respondent has demonstrated the ability to practice  
16 safely and independently. Based on Respondent's performance on the clinical competence  
17 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
18 scope and length of any additional educational or clinical training, evaluation or treatment for any  
19 medical condition or psychological condition, or anything else affecting Respondent's practice of  
20 medicine. Respondent shall comply with the program's recommendations.

21 Determination as to whether Respondent successfully completed the clinical competence  
22 assessment program is solely within the program's jurisdiction.

23 If Respondent fails to enroll, participate in, or successfully complete the clinical  
24 competence assessment program within the designated time period, Respondent shall receive a  
25 notification from the Board or its designee to cease the practice of medicine within three (3)  
26 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
27 until enrollment or participation in the outstanding portions of the clinical competence assessment  
28 program have been completed. If the Respondent did not successfully complete the clinical

1 competence assessment program, the Respondent shall not resume the practice of medicine until a  
2 final decision has been rendered on the accusation and/or a petition to revoke probation. Any  
3 violation of this condition or failure to complete the program and program recommendations shall  
4 be considered unprofessional conduct and grounds for further disciplinary action.

5 **C. MEDICAL RECORD KEEPING COURSE**

6 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
7 course in medical record keeping approved in advance by the Board or its designee. Respondent  
8 shall provide the approved course provider with any information and documents that the approved  
9 course provider may deem pertinent. Respondent shall participate in and successfully complete  
10 the classroom component of the course not later than six (6) months after Respondent's initial  
11 enrollment. Respondent shall successfully complete any other component of the course within  
12 one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense  
13 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
14 licensure.

15 A medical record keeping course taken after the acts that gave rise to the charges in the  
16 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
17 or its designee, be accepted towards the fulfillment of this condition if the course would have  
18 been approved by the Board or its designee had the course been taken after the effective date of  
19 this Decision.


20 Respondent shall submit a certification of successful completion to the Board or its  
21 designee not later than 15 calendar days after successfully completing the course, or not later than  
22 15 calendar days after the effective date of the Decision, whichever is later. Any violation of this  
23 shall be considered unprofessional conduct and grounds for further disciplinary action.

24 **ACCEPTANCE**

25 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
26 discussed it with my attorney, Paul Chan. I understand the stipulation and the effect it will have  
27 on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
28

1 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
2 Decision and Order of the Medical Board of California.

3  
4 DATED: 2/8/2019

  
JONATHAN S. DAVIDSON, M.D.  
Respondent

6 I have read and fully discussed with Respondent Jonathan S. Davidson, M.D. the terms and  
7 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
8 I approve its form and content.

9 DATED: 2/8/19

  
PAUL CHAN  
Attorney for Respondent

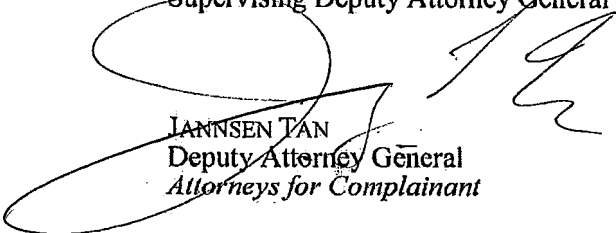
11  
12 ENDORSEMENT

13 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
14 submitted for consideration by the Medical Board of California.

15 Dated: 2/15/2019

16 Respectfully submitted,

17 XAVIER BECERRA  
Attorney General of California  
18 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

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IANNSEN TAN  
Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 800-2016-028024**

1 XAVIER BECERRA  
2 Attorney General of California  
3 ALEXANDRA M. ALVAREZ  
4 Supervising Deputy Attorney General  
5 JANNSEN TAN  
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*Attorneys for Complainant*

**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
SACRAMENTO May 3 2018  
BY: Gody Wright ANALYST

10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2016-028024

15 **Jonathan S. Davidson, M.D.**  
16 **4213 Dale Rd., Suite 1**  
17 **Modesto, CA 95356-8505**

**ACCUSATION**

18 **Physician's and Surgeon's Certificate**  
19 **No. G 66389,**

Respondent.

20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
24 Affairs (Board).

25 2. On or about July 24, 1989, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number G 66389 to Jonathan S. Davidson, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on July 31, 2019, unless renewed.

**JURISDICTION**

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

5. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

1       “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
2 violation of, or conspiring to violate any provision of this chapter.

3       “(b) Gross negligence.

4       “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
6 the applicable standard of care shall constitute repeated negligent acts.

7       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

9       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
11 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the  
12 applicable standard of care, each departure constitutes a separate and distinct breach of the  
13 standard of care.

14       “(d) Incompetence.

15       “(e) The commission of any act involving dishonesty or corruption which is substantially  
16 related to the qualifications, functions, or duties of a physician and surgeon.

17       “(f) Any action or conduct which would have warranted the denial of a certificate.

18       “(g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
21 proposed registration program described in Section 2052.5.

22       “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
24 who is the subject of an investigation by the board.”

25       6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
26 adequate and accurate records relating to the provision of services to their patients constitutes  
27 unprofessional conduct.”

28       ///

**FIRST CAUSE FOR DISCIPLINE**  
**(Gross Negligence)**

7. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A, as more particularly alleged hereinafter.

8. Respondent is a physician and surgeon who at all times alleged herein practiced medicine as Jonathan Davidson, M.D., at an address of 2210 Del Paso Road, Ste. B, Sacramento, California.

9. On or about August 29, 2016, Respondent saw Patient A for an initial office visit. Patient A was a 31-year-old female who presented with complaints of chest pain, night sweats, shortness of breath, leg swelling and fatigue. Respondent documented Patient A's symptoms as:

"[N]ausea, emesis, dysphagia, spasms in chest, chest pain, heart burn, belching, pyrosis, bloating in the stomach, sensation of having a lot of gas, intolerance to milk products, stomach pains, stomach pain which radiates to the shoulder, red colored rectal bleeding, dark black stool, pain with bowel movements, incomplete evacuation, crampy abdominal pain, left lower quadrant abdominal pain, constipation alternating with diarrhea, passage of mucus in stool."

10. Respondent documented that Patient A had a history of high blood pressure, stomach and gall bladder surgeries, a family history of lymphoma cancer, diabetes, CHF heart and kidney problems.

11. Respondent documented his assessment as "Colon Diverticuli," and "Hematochezia." Respondent documented his plan as "Colorectal Cancer Screening; Colonoscopy on Individual at Low Risk."

12. Respondent failed to elaborate on Patient A's symptoms such as frequency of complaints, characteristics of pains or dysphagia, modulating factors, previous evaluations, or previous therapeutic trials. He also failed to document and/or perform an appropriate abdominal examination and incorrectly referred to the colonoscopy as a colon cancer screening. Respondent

///

1 failed to document why Patient A was an appropriate patient for a colon cancer screening at age  
2 31, and Respondent's plan ignored the bulk of Patient A's medical complaints.

3 13. On or about September 9, 2016, Respondent performed a colonoscopy procedure on  
4 Patient A. Respondent documented that informed consent was sought and obtained, but failed to  
5 produce the actual consent form for review. He started the procedure and put Patient A on "TV  
6 sedation to produce an acceptable level of moderate sedation." Respondent documented that he  
7 used a Pentax video colonoscope into the ano-rectum and passed the scope all the way to the  
8 cecum. He documented that "all the landmarks of the cecum were identified, including  
9 appendiceal orifice." Respondent's assessment was "No CARCINOMA present." Respondent  
10 failed to document the cause of Patient A's bleeding. Respondent's plan included "check the  
11 histology," but he failed to take any biopsies and submitted no specimens for histological review.

12 14. Respondent's documentation omitted necessary details, and contained redundant and  
13 contradictory information, indicating a pre-formatted form. Respondent failed to document  
14 Patient A's intake questionnaire, failed to include the consent form and other customary  
15 documents from the day of the procedure.

16 15. On or about September 13, 2017, Respondent was interviewed by the Board regarding  
17 his treatment of Patient A. The Board discovered that Respondent had performed multiple  
18 endoscopic procedures using Midazolam, Fentanyl, Versed, and Propofol in a non-accredited,  
19 certified, and/or licensed facility since on or about 2008. Respondent performed the endoscopic  
20 procedures in his office. The Board investigation revealed Respondent's office was deficient in  
21 numerous areas including but not limited to recovery area, infection control, and staffing.

22 16. Respondent committed gross negligence in his care and treatment of Patient A which  
23 included, but is not limited to the following:

24 A. Respondent failed to pursue or receive accreditation or licensure.

25 B. Respondent performed endoscopic procedures in a non-accredited, certified and/or  
26 licensed facility since on or about 2008.


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4. Taking such other and further action as deemed necessary and proper.

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant